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Fill in this information to identify your case:						
Debtor 1	April	Letitia	Anderson			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankru	uptcy Court for the:	Easte	ern District of Pennsylvania			
Case number	25-11772					
(if known)						

Check as directed in lines 17 and	d 21:
According to the calculations red Statement:	uired by this
1. Disposable income is not cunder 11 U.S.C. § 1325(b)(3)	determined
2. Disposable income is dete under 11 U.S.C. § 1325(b)(3)	
₫ 3. The commitment period is	3 years.
4. The commitment period is	5 years.
Check if this is an amended f	iling

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: Calculate Your Average Monthly Income						
1.	1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.						
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.							
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	ommissions (befo	ore all		\$6,607.00		
3.	3. Alimony and maintenance payments. Do not include payments from a spouse.				\$0.00		
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.					\$0.00		
5.	Net income from operating a business, profession, or						
	farm	Debtor 1 \$0.00	Debtor 2 \$0.00				
	Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm	\$0.00	\$0.00	Copy here –	, \$0.00		
6.	Net income from rental and other real property	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses	\$0.00 -	\$0.00				
	Net monthly income from rental or other real property	\$0.00	70.00	Copy here –	\$0.00		

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Debtor 1	April	Letitia	Anderson	Case	Case number (if known) 25-11772		
	First Name	Middle Name	Last Name				
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
7. Interest,	7. Interest, dividends, and royalties				0		
8. Unemployment compensation			\$0.0	 0	_		
•			unt received was a benefit und		<u> </u>	_	
							
	•		<u>-</u>	<u>0.00</u>			
			<u></u>				
under the include and States Godeath of under check the control of	ne Social Security Act. any compensation, per Sovernment in connect a member of the unifor napter 61 of title 10, the the amount of retired p	Also, except as stated nsion, pay, annuity, or a tion with a disability, coormed services. If you len include that pay only	mount received that was a ber in the next sentence, do not allowance paid by the United mbat-related injury or disability received any retired pay paid y to the extent that it does not otherwise be entitled if retired of that title.	<i>,</i> , or	<u> </u>	_	
not incl a victim terroris States death o	lude any benefits receing of a war crime, a cring m; or compensation, procompersation, procornment in connections.	ived under the Social S ne against humanity, or pension, pay, annuity, o ction with a disability, c formed services. If nec	pecify the source and amount. Security Act; payments receive international or domestic r allowance paid by the United ombat-related injury or disabilitiessary, list other sources on a	d as I			
					_	<u> </u>	
						_	
Total am	nounts from separate p	pages, if any.		+	- +		
11. Calcula column	ate your total average . Then add the total fo	monthly income. Add or Column A to the total	lines 2 through 10 for each for Column B.	\$6,607.00	+	= \$6,607.00 Total average monthly income	
Part 2: De	etermine How to N	Measure Your Dedu	ctions from Income				
						40.007.00	
12. Copy y	our total average moi	numy income from line	11			\$6,607.00	
13. Calcula	ate the marital adjustr	nent. Check one:					
	re not married. Fill in 0						
☐ You ar	re married and your sp	ouse is filing with you.	Fill in 0 below.				
☐ You ar	re married and your sp	ouse is not filing with y	ou.				
	lependents, such as pa		olumn B, that was NOT regular tax liability or the spouse's sup				
	, specify the basis for onal adjustments on a	-	and the amount of income dev	oted to each purpose. If neo	cessary, list		
If this	adjustment does not a	apply, enter 0 below.					
				+			
Total				\$0.00 C	opy here. $ ightarrow$	\$0.00	
14. Your cu	urrent monthly incom	e. Subtract the total in	line 13 from line 12.			\$6,607.00	

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Debtor 1	April	Letitia	Anderson	Case number (if known) 25-1	1772
	First Name	Middle Name	Last Name		
	-	thly income for the yea	·		** •••
	•				\$6,607.00
Mul	tiply line 15a by 12	(the number of months	in a year).		x 12
15b. The	e result is your curre	ent monthly income for	the year for this part of the form	1	\$79,284.00
16. Calculate	the median family	income that applies to	you. Follow these steps:		
16a. Fill	in the state in which	n you live.	Pennsylv	<u>vania</u>	
16b. Fill	in the number of pe	eople in your household	<u> </u>		
16c. Fill	in the median famil	y income for your state	and size of household		\$83,249.00
			unts, go online using the link sp available at the bankruptcy clerl		
17. How do t	he lines compare?				
17a. ⊻	Line 15b is less tl	nan or equal to line 16c	. On the top of page 1 of this fo	orm, check box 1, Disposable income is not detern	nined under 11
_	U.S.C. § 1325(b)	(3). Go to Part 3. Do No	OT fill out <i>Calculation of Your D</i>	Disposable Income (Official Form 122C–2).	
170.	1325(b)(3). Go to		culation of Your Disposable Inc	box 2, Disposable income is determined under 13 come (Official Form 122C–2). On line 39 of that form	
Part 3: Cald	culate Your Com	ımitment Period Ur	nder 11 U.S.C. §1325(b)(4)		
18. Сору уо г	ur total average mo	nthly income from line	11		\$6,607.00
calculatin				filing with you, and you contend that uct part of your spouse's income, copy the	
19a. If the	marital adjustment	does not apply, fill in 0	on line 19a		\$0.00
19b. Subt i	ract line 19a from li	ne 18.			\$6,607.00
20. Calculate	your current mon	thly income for the yea	r. Follow these steps.		
20a. Copy I	ine 19b				\$6,607.00
Multip	ly by 12 (the numbe	er of months in a year).			x 12
20b. The re	esult is your current	monthly income for the	year for this part of the form.		\$79,284.00
20a Cany	iha madian family in	some for your state on	d aire of household from line 16	20	\$83,249.00
	•	come for your state an	a size of nousehold from line 16	6c	
	he lines compare?				
Line 20 The co)b is less than line 2 <i>mmitment period i</i> s	0c. Unless otherwise o 3 <i>years.</i> Go to Part 4.	rdered by the court, on the top	of page 1 of this form, check box 3,	
Line 20	b is more than or e	•		t, on the top of page 1 of this form,	
Part 4: Sign	n Below				
By signing	here under nenalt	v of periury I declare th	at the information on this staten	nent and in any attachments is true and correct.	
Dy oigning	, more, under penan	y or porjury r docidio in		mont and in any attachments to true and correct.	
X <u>/s</u>	s/ April Letitia Ar	nderson			
Sig	gnature of Debtor 1				
Da	te 06/13/2025 MM/ DD/ YYYY				
14 1	alead 47a de NOT (:::	. 0		
-		ill out or file Form 1220 rm 122C–2 and file it w		form, copy your current monthly income from line	14 above.